Introduced by Assembly Member Carter

February 10, 2009

An act to amend Section 1289.4 of, and to add Section 1289.6 to, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 249, as introduced, Carter. Health facilities: marking patient devices.

Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. Violations of these provisions constitute a misdemeanor. Existing law also requires long-term health care facilities to implement a theft and loss program, as specified, including a written patient personal property inventory.

The bill would also require, as part of the written patient personal property inventory in long-term health care facilities, a listing, by a unique identification number, of all patient-owned mobility, hearing, eating, or breathing equipment, including, but not limited to, canes, walkers, wheelchairs, hearing aids, oxygen equipment, and denture containers. This bill would require all other health facilities to create a log to track, by serial number or other unique identification number, all patient-owned mobility, hearing, eating, or breathing equipment, as specified. Because the bill would create a new crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

-2-**AB 249**

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1289.4 of the Health and Safety Code is amended to read:

3 1289.4. A theft and loss program shall be implemented by the long-term health care facilities within 90 days after January 1, 1988. The program shall include all of the following: 5

- (a) Establishment and posting of the facility's policy regarding theft and investigative procedures.
- (b) Orientation to the policies and procedures for all employees within 90 days of employment.
- (c) Documentation of lost and stolen patient property with a value of twenty-five dollars (\$25) or more and, upon request, the documented theft and loss record for the past 12 months shall be made available to the State Department of Health Services, the county health department, or law enforcement agencies and to the office of the State Long-Term Care Ombudsman in response to a specific complaint. The documentation shall include, but not be limited to, the following:
- (1) A description of the article. 18
- 19 (2) Its estimated value.
- 20 (3) The date and time the theft or loss was discovered.
- 21 (4) If determinable, the date and time the loss or theft occurred.
- 22 (5) The action taken.

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23 (d) A written patient personal property inventory is established 24 upon admission and retained during the resident's stay in the 25 long-term health care facility. A copy of the written inventory shall be provided to the resident or the person acting on the resident's 26 27 behalf. Subsequent items brought into or removed from the facility 28 shall be added to or deleted from the personal property inventory 29 by the facility at the written request of the resident, the resident's 30 family, a responsible party, or a person acting on behalf of a resident. The facility shall not be liable for items which have not 32 been requested to be included in the inventory or for items which

have been deleted from the inventory. A copy of a current inventory

-3— AB 249

shall be made available upon request to the resident, responsible party, or other authorized representative. The resident, resident's family, or a responsible party may list those items which are not subject to addition or deletion from the inventory, such as personal clothing or laundry, which are subject to frequent removal from the facility. The inventory shall include a listing, by a unique identification number, of all patient-owned mobility, hearing, eating, or breathing equipment, including, but not limited to, canes, walkers, wheelchairs, hearing aids, oxygen equipment, and denture containers. If the equipment does not have a serial number or other unique identification number, the long-term health care facility may assign a unique identification number and place a tag with that number on the item.

(e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.

- (f) Inventory and surrender of personal effects and valuables following the death of a resident to the authorized representative in exchange for a signed receipt. Immediate notice to the public administrator of the county upon the death of a resident without known next of kin as provided in Section 7600.5 of the Probate Code.
- (g) Documentation, at least semiannually, of the facility's efforts to control theft and loss, including the review of theft and loss documentation and investigative procedures and results of the investigation by the administrator and, when feasible, the resident council.
- (h) Establishment of a method of marking, to the extent feasible, personal property items for identification purposes upon admission and, as added to the property inventory list, including engraving of dentures and tagging of other prosthetic devices.
- (i) Reports to the local law enforcement agency within 36 hours when the administrator of the facility has reason to believe patient property with a then current value of one hundred dollars (\$100) or more has been stolen. Copies of those reports for the preceding 12 months shall be made available to the State Department of Health Services and law enforcement agencies.
- (j) Maintenance of a secured area for patients' property which is available for safekeeping of patient property upon the request of the patient or the patient's responsible party. Provide a lock for

AB 249 —4—

the resident's bedside drawer or cabinet upon request of and at the expense of the resident, the resident's family, or authorized representative. The facility administrator shall have access to the locked areas upon request.

- (k) A copy of this section and Sections 1289.3 and 1289.5 is provided by a facility to all of the residents and their responsible parties, and, available upon request, to all of the facility's prospective residents and their responsible parties.
- (*l*) Notification to all current residents and all new residents, upon admission, of the facility's policies and procedures relating to the facility's theft and loss prevention program.
- SEC. 2. Section 1289.6 is added to the Health and Safety Code, to read:
- 1289.6. A health facility, except for a long-term health care facility, shall create a log to track, by serial number or other unique identification number, all patient-owned mobility, hearing, eating, or breathing equipment, including, but not limited to, canes, walkers, wheelchairs, hearing aids, oxygen equipment, and denture containers. If the item does not have a serial number or other unique identification number, the health facility may assign it a unique identification number and affix a tag with that number to the item. The log shall be searchable by both patient and unique identification number.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.